Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5-28-08</u>	Address:	<u>CR 400W</u>	
Case #:	<u>34-34051</u>		Plainville TN	
County:	<u>Davicss</u>		 .	
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)		
Operati Chemic Dumpsi	al/Glassware/Equipment (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
(check all the Lithium Lithium Red Photos Flamma Water For Anhydroc Corrosi C	nd: Location (bedroom, kitchen, open a nat apply) n/Ammonia Reaction(s): osphorous/Iodine Reaction(s): able Solvents: KIT Reactive Metal (Lithium): KIT ous Ammonia: Outside open air hloric Acid Gas Generator(s): KIT ve Acid: KIT ve Base: KIT tem and location):	ir, etc)		
Child under age 18 discovered (check one) ☐ Yes ☐ (number present) ☐ No *If yes, fax report to Child Protective Services This report is to be faxed to the following agencies		Ephedrin Retail/Me Other:	Investigative Information Ephcdrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other: es that serve the location:	
	ment: Plainville VFD	Fax: 812 6		
	artment: Daviess Co	Fax: 812.2		
_	ction Service: Dayless CO	Fax: <u>812-2;</u>	5 <u>4 9754</u>	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: P Andry Phone 812-631 1485				

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.